

DOCTOR & PATIENT:
HINTS TO BOTH

ROBT. GERSUNY

M16011

A. xxxvi

19/8



22102133981

MANCHESTER MEDICAL SOCIETY
DUPLICATE SOLD.

DOCTOR AND PATIENT:
HINTS TO BOTH.

"ONLY A GOOD MAN CAN BE A GOOD DOCTOR."

Prof. Nothnagel.

DOCTOR AND PATIENT: HINTS TO BOTH.

BY

DR. ROBERT GERSUNY,

Director and Principal Visiting Surgeon of the Rudolfinerhaus, Vienna.

TRANSLATED, WITH THE PERMISSION OF THE AUTHOR, BY

A. S. LEVETUS,

WITH A PREFACE BY

D. J. LEECH, M.D., F.R.C.P., &c.,

Professor of Pharmacology in the Owens College and Victoria University.

BRISTOL: JOHN WRIGHT & CO.
LONDON: SIMPKIN, MARSHALL, HAMILTON, KENT & CO., LTD.
HIRSCHFELD BROS., 82, HIGH HOLBORN.

1898.

JOHN WRIGHT AND CO.,
PRINTERS AND PUBLISHERS, BRISTOL.

14909713

M16011

WELLCOME INSTITUTE LIBRARY	
Coll.	weIMOmec
Call	
No.	W62
	1898
	G-3861

P R E F A C E .

As years roll by the medical profession makes advances surely, though it may be slowly, in position and dignity. Defects in conduct and courtesy now receive more notice than at any former time, and it behoves all, especially the younger members of the profession, to make themselves acquainted with what is expected of them by their colleagues and the public. The main ethical laws which govern the conduct of practitioners in medicine have long been settled, but it is well that we should have put before us from time to time the views of wise and experienced men on many points relating to conduct which cannot be set forth in exact rules. Dr. West some time ago wrote an admirable book on "The

Profession of Medicine, Its Study and Practice, Its Duties and Rewards," in which he gave sage counsel founded on ripe experience concerning many points on which, at times, all want advice, especially the younger members of the profession. Dr. Gersuny, of Vienna, had a short time* previously published a book bearing on many of the subjects treated of by Dr. West, and now, by means of the present translation, English medical men will be able to see set forth the views taken by a distinguished member of the profession in Vienna of the duties of medical men towards themselves, their colleagues, and the public. They will see that our profession in England and abroad has common principles of conduct. They may note, indeed, some difference between the views entertained as to the course of conduct which should be pursued

* The First Edition of this work appeared in 1884.—A.S.L.

in certain exigencies and those which are held in this country, but they cannot fail to rise from the perusal of Dr. Gersuny's book without feeling better for the wise counsel he gives, and without having received an incentive to do that which is right and maintain at its highest point the honourable position of the profession.

D. J. LEECH.

CONTENTS.

CHAPTER I.

	PAGES
RELATIVE POSITION OF PATIENT AND DOCTOR; CONFIDENCE; CHOICE OF A DOCTOR - - -	13—20

CHAPTER II.

THE FIRST VISIT; EXAMINATION OF THE PATIENT; HIS COMPLAINTS - - - - -	21—31
--	-------

CHAPTER III.

COMMON SENSE; CHEERFULNESS - . -	32—34
----------------------------------	-------

CHAPTER IV.

DIAGNOSIS AND PROGNOSIS FOR THE PATIENT AND HIS FRIENDS; DESPERATE CASES - - -	35—42
---	-------

CHAPTER V.

ON THE FREQUENCY AND LENGTH OF THE DOCTOR'S VISITS - - - - -	43—47
---	-------

CHAPTER VI.

MISCONSTRUCTION AND ABUSE OF THE DOCTOR'S STATEMENTS; GOSSIP - - - - -	48—52
---	-------

CHAPTER VII.

	PAGES
HARMFUL INFLUENCE OF THE PERSONS ABOUT THE	
PATIENT - - - - -	53—56

CHAPTER VIII.

MEDICINE; HOUSEHOLD REMEDIES; PATENT MEDICINES;	
QUACK DOCTORS - - - - -	57—60

CHAPTER IX.

CORRUPTION OF DOCTORS BY THE PUBLIC - - -	61—64
---	-------

CHAPTER X.

CONSULTATIONS - - - - -	65—68
-------------------------	-------

CHAPTER XI.

FEEs - - - - -	69—74
----------------	-------

CHAPTER XII.

CONCLUSION; TO COLLEAGUES—A QUESTION - - -	75—79
--	-------

INTRODUCTION.

THE most diligent student of the learning of the schools commences the actual practice of his life's profession in the position of an awkward novice who has to begin learning afresh. Most of us experience this in ourselves, and everyone sees it daily in others. The young doctor, especially when he begins to practice, often finds himself in a position at once perplexing and embarrassing. Not everyone has the tact and presence of mind to strike the right course and so avoid the galling consciousness of having behaved foolishly.

In this little book the writer has tried to discuss the commonest relations between doctor and patient, not with the intention of presenting them in full detail, nor with the

pretension of drawing up any stereotyped method of conduct, but looking at the matter from the wholly subjective point of view. He trusts that this attitude of his will not be to the reader's disadvantage, since it is calculated to invite opposition and also to rouse a spirit of reflection which tends to clearness of observation. Although this book is primarily intended for medical men, the writer has endeavoured to make it readable for the general public, for whom, indeed, many points have been specially dwelt on.

The writer claims the indulgence of his readers for at least his good intentions and his brevity.

DOCTOR AND PATIENT.

CHAPTER I.

RELATIVE POSITION OF PATIENT AND DOCTOR—CONFIDENCE—CHOICE OF A DOCTOR.

“Even patients require a certain special education.”

THE ideal position of the patient in relation to the doctor is that of one seeking help from another and having full confidence in him, the converse being that of a kind helper who ungrudgingly places at his patient's service all the skill he possesses.

Unfortunately, human nature is so constituted that such a perfect relationship is quite exceptional, and much consideration and thought must be given by both parties in order to approach the ideal. There are, moreover, so many side issues involved that there is danger of losing sight of the principle. Hence it may come to pass without even exciting surprise, that the patient may take the mutual

relation between himself and his doctor to be, as a matter of course, the same as that which exists between any other employer and employed, whilst the doctor, under stress of the struggle for existence may lose his self-respect and accept the situation.

It goes without saying that the patient will repose some trust in his doctor so long as the progress of his malady is favourable, or corresponds with his own preconceived ideas, or with those of his friends. Should, however, any disquieting circumstance arise, or any of his friends express doubts, the patient may begin to lose his faith. At first this mistrust unsettles only the patient, but the doctor soon recognizes its existence. It is easy to understand with what feelings he then carries on his treatment. Sometimes a consultation with an eminent and tactful colleague helps him out of this difficulty, but only too frequently the relations remain permanently strained. The doctor cannot help the thought, "They expect very little from me, and whatever I may do, has no longer any value in their eyes." Consequently, he either becomes to a certain extent indifferent, and this indifference reacts upon the patient, or else he is prevented from adopting any new course of treatment, since

each supposed failure tends to deepen the mistrust. Hence nothing but an astonishing success can then reinstate the doctor in his former position.

Many medical men are so sensitive that, on the slightest sign of lack of confidence they adopt the final course and retire from the case. Such a decision may give momentary satisfaction ; but it is nobler to be forbearing, and to remember that a sick person needs pity and cannot always be held accountable for what he does. By seeming acquiescence the doctor will show his moral superiority and make the patient ashamed, but at the same time thankful to him. In some people a predisposition to distrust everyone is inborn and cannot be overcome, while yet at heart they may be really attached to their doctors.

I once attended a lady suffering from an incurable form of cancer. Though she was constantly detailing her sufferings to me, and begging for fresh means of alleviation, her nurse at last confided to me that while the sick woman had each prescription made up at the chemist's she did not use the remedies for fear they might do her harm. I casually asked to see the remains of the medicines, and she was forced to make a confession, for the bottles were quite full and the

powders intact. At my next visit the medicines had disappeared in the right proportions, but the nurse told me they were measured out in the prescribed doses and—thrown away. I did not let the sufferer know that I was aware of her subterfuge as she showed every attachment to me in other respects, and I was thus enabled to be a comfort to her until her sad life ended.

Thoughtless doctors sometimes seek to impress patients by making a great parade of seeming self-confidence. They boast of all they can do, or might have done had they been called in earlier or if the treatment pursued by the medical man previously in charge of the case had not been so wrong. When a young doctor gives way to this temptation it generally grows on him year by year until at last he believes in his own boasts. I wish to warn fellow-practitioners strongly against this evil habit; for not only does such folly incur the risk of forfeiting the respect of patients, but it also strains the mutual relations between doctors themselves, and especially of those practising in small places. Moreover, such over-weening vanity prevents one from wider study, and from striving to perfect oneself, and thus lowers the whole medical profession in the eyes of the world.

Those cases in which a threatening, or even a necessarily fatal, disease arises out of seemingly harmless beginnings, are especially painful to the doctor. He cannot help feeling as though he were in some measure responsible for the bad progress of the patient whose perfect confidence in him only makes his knowledge of the powerlessness of the science more distressing; he feels himself bound as it were in hidden fetters. But at last there comes a day when suspicion on the patient's part shows itself, and the doctor draws a breath of relief, feeling himself once more free from a serious moral responsibility, and grateful for that mistrust even when shown in an offensive manner.

Whoever is in want of a medical man naturally wishes to have the best one accessible to him ; and yet it is impossible for the uninitiated to judge rightly as to the value of a doctor's scientific attainments. People turn naturally, therefore, to professional repute to assist them. They hear their relations and friends singing the praise of one man because of some brilliantly successful cure, of another who has made his name by literary work, and of a third who has gained popularity through the holding of some public office. Such tributes have, if they are true, some real value,

but, unfortunately, may also deceive, and it is better to weigh carefully the evidence as to the reputation of each as a man and select accordingly. He does well who chooses a kind-hearted, honourable man, because he can be certain that such a one will do his duty to the best of his ability, and that should his own knowledge and skill fail at a critical point, he will seek the help of an experienced colleague—in short, he will study the welfare of his patient in every respect.

The doctor, on his side, must carry out his part of the contract. He must not only put forth all his medical knowledge and skill, but his actions must be such as would be naturally expected from a good man. His patients will then learn to look upon him as their friend, and he will often be able to help them in matters quite outside his purely professional duties. True contentment will always be his, notwithstanding the disappointments that he is bound at times to experience: and, despite those anxious doubts as to his own powers, from which no one who earnestly strives to do his best is free, he will be able to say to himself under all circumstances, "I have done my duty."

When only one of the parties concerned regards the relationship between doctor and patient from the ideal point of view, these relations are, of course, strained without, however, always resulting in their complete rupture. When the doctor steadily keeps the ideal before him he will eventually find his way to the heart of the most selfish, as well as to that of the gloomy pessimist. Even those who do not altogether reach the ideal may meet with an amount of approbation from kind-hearted people, because, either from lack of sensitiveness or from the teaching of experience they expect but little from anyone.

When on neither side the standpoint is an ideal one, an understanding on a purely business basis will be easily arrived at, and here neither party will require any advice from me.

I must now add a few words as to the doctor's personal appearance and characteristics. Many a young doctor thinks he creates a more favourable impression by dressing in the height of fashion, or by an assumption of dignity, or of the carelessness of genius. These little things may tell with a certain class, but are decidedly out of place by the bed-side of anyone who is seriously ill. Think of the effect produced in moments of

danger, or on a nervously-excited person, by a foppish appearance, eccentric manners, or strong perfumes. A doctor best maintains his own dignity by being his natural self. Every properly-constituted person preserves a certain neatness of appearance, because it is a necessity of his comfortable existence. A doctor should be doubly careful in this respect so as not to distress his patients, for he comes into such personal contact with them that he may even produce aversion by neglect in these matters.

CHAPTER II.

*THE FIRST VISIT—EXAMINATION OF THE
PATIENT—HIS COMPLAINTS.*

THE doctor should endeavour during the first visit to gain a complete knowledge of the patient, and of all the circumstances relating to his illness. On no avoidable account should this be postponed to a later visit.

The patient should help the doctor as much as possible by frankness.

Even when these points are valued it is only after a time, and then frequently by chance, that a complete knowledge of many things is acquired by the doctor—things which may be kept back at first, partly because the patient finds the telling of them disagreeable ; partly because he takes the doctor's knowledge of them for granted ; or partly from want of sufficient confidence.

It follows then that a medical adviser, guided by his own experience, will enquire about things which apparently might be taken for granted. He will only ask questions upon matters not generally confided to strangers when he feels that

the patient has full confidence in him. When this is not forthcoming, and if an absolute necessity exists for acquiring further information upon a delicate point, the question should be framed in such a way as to render it possible for the patient to give an evasive answer, for even a reply of this character would throw some light on the matter, while, on the other hand, an answer evoked by a direct question would be worse than none at all—an untruth. Generally speaking the patient should first be allowed to narrate without interruption the history of his complaint before any questions are put to him. It is a great relief to speak out one's mind, and even though many of the things said may be irrelevant, the doctor draws many inferences which enable him to form an opinion regarding the character and disposition of the patient from the nature and manner of the recital.

A sick person cannot, as a rule, distinguish in his account between the essential and the non-essential; he consequently details in full everything he has observed as to his complaint. He should be listened to attentively and only interrupted in very exceptional cases. Interruptions confuse him, so that the doctor runs the risk of having to put

up with the repetition of the entire narration. Patience, therefore, is most essential.

When the patient has told all he can, the necessary questions may be put—clearly and directly, without, however, aiming at making a detailed diagnosis at the time. What the patient says is not an objective exposition of his case, but the opinion he himself has formed regarding his own condition, and this opinion should not be allowed to influence the doctor's judgment. Indeed, it is not always possible to succeed in weaning the patient from his preconceived ideas.

I was once consulted by an old gentleman who believed himself to be suffering from thread-worms. Several remedies had already been tried, but without success. I told him that he had a tape-worm and not thread-worms. When he was quite cured he said to me, "How unjust I have been to Doctor X——!" (a gentleman in a prominent position). "I consulted him also about my supposed thread worms, which had already been diagnosed as such by a young doctor. But he asked to see one of them. I thought to myself, 'It is disgraceful that this man should not know what a thread-worm is without my having to show it to him

first ! I'm not going to let *him* doctor me !' And now I know that he was right !"

When examining a patient there are questions which should not be asked in the presence of a third person lest they be answered falsely. It is preferable that those about him should be questioned separately. Those in health see things in a different light from the sick, so that they either do not care to express their opinions openly before the invalid, or, if they do speak out, may perhaps arouse contradiction from the patient and make him think that the doctor places no reliance on what he says.

When a patient makes an assertion which seems improbable, or which is obviously untrue, no sign of doubting his veracity must be given. To convict a person of mendacity is always a delicate matter, indeed, many people do not mind telling a lie when embarrassed. If this weakness be treated indulgently the patient will recognize the fact and will eventually be grateful for it.

What people say is not as a rule to be taken too literally, because the same words when used in different districts, in different grades of society, and in different families, do not always bear the same meaning, and even in various branches of the same

family diverse shades of expression are met with.

The nervous and imaginative employ the most emphatic expressions. If they are not well, they are "dying"; if they have any ache, it is "terrible" or "maddening" pain.

Doctors find it particularly difficult to form a discriminating judgment as to the exact degree of pain felt. It is very hard to avoid being misled on this point, which is especially important when the amount of pain suffered is a symptom of the progress of the disease.

In cases where the declared degree of pain did not coincide with the objective appearances, and the patient was suspected of being abnormally sensitive, I have, at times, helped myself to form a reliable conclusion by diverting his attention to a lesser pain which I myself produced intentionally and unnoticed, *e.g.*, by accidentally touching the sufferer with the point of a needle and then observing the effect. Should this evoke a violent expression of pain, there is only one inference possible, and the doctor will not henceforth be unduly influenced in his deductions by the patient's complaints. It would, however, be wrong on this account to regard the pains of very sensitive people

with indifference, or try to "talk them out of it," or make fun of them. Their sufferings require medical attention; and the first thing a sick person desires is to get rid of his disagreeable sensations. The endeavour to "talk them out of it" wounds most patients, or makes them think the doctor hard-hearted and indifferent. When a patient speaks of his dreadful sufferings in a quiet firm voice and with no change of expression it will be easier to form a judgment about him, for his undisturbed equanimity will prove that he is exaggerating his condition.

It is a commonly held opinion that hardness of heart and indifference to the sight of suffering are necessary preliminaries or consequences of a doctor's calling. A man may perhaps be a good doctor without having a tender heart, but only he in whose heart there dwells a pure love of his fellow-creatures will rightly fulfil his calling and find satisfaction therein. Familiarity with suffering will not harden a heart originally tender.

If the doctor can give the patient an assurance that the pain he suffers has no unfavourable significance with regard to his illness, it will be a relief to his mind and will enable him to bear it more cheerfully, for anxiety heightens all nervous sensations.

It is quite true that the sick will sometimes exaggerate their sufferings in the belief that by rousing the doctor's deepest sympathy and so drawing his special attention to the case he will be induced to help them more effectually. A doctor whose constant endeavour it is to awaken a feeling of confidence in his patients and to show that he takes a sincere interest in the illness must therefore prevent him from thus exaggerating. He must never appear to be absent-minded, must not interfere with his patient's story by talking about extraneous subjects, must never make use of any expression which might be considered frivolous, and must show neither hurry nor impatience, even when much pressed for time. Should he have been walking fast, or running upstairs, from the moment of entering the sick room to that of leaving it, he must always appear calm and unflurried, with his whole attention concentrated on the patient.

In one case only is it allowable to pay scant attention to a patient's complaints—that is, when we find one who has a superstitious fear of admitting that he feels better. The most effectual way of dealing with such a person is to show him plainly that he is not believed, and then try to convince him that he is progressing favourably.

When called in to a patient who has already been treated unsuccessfully by several other medical men, the doctor's position is very difficult. Such a patient, when asked what has been done for his complaint, invariably answers with proud simplicity, "Everything." But, on closer enquiry, this "everything" may be found to mean very little, or it may turn out that none of the remedies have been used properly or with perseverance, and that each doctor only attended for a very short time. The first thing to be done is to make the patient understand where the fault lies. He will then be astonished that the doctor does not agree with him in laying all the blame on his former medical advisers, and will, perhaps, if his temperament allow of it, consent to undergo a proper course of treatment. In such a case it would be well to try to give the patient an idea of the nature and probable duration of his illness, at the same time using the greatest caution. No more need be said than is absolutely necessary, in order to induce him to go through with the treatment.

Sick people who imagine that they know the exact nature of their ailment, or who have read up their complaint in some book, are a great source of trouble to their doctors and themselves. The

practitioner must find out what they *think* their malady is and try to prove to them that their conclusions are incorrect, and to make it clear that they must cease from analysing and brooding over their symptoms. If the doctor either does not attempt this plan or is unsuccessful in it, it may happen that after a while the patient will direct the treatment and discuss it with the doctor as if he were attending a consultation ; and once having allowed himself to be drawn into such a position, the doctor's influence is at an end, and in all probability he can no longer be of any real use, for the invalid will feel himself the superior.

In such cases it is advisable, after the first complete examination and consultation, not to enter into any discussion, but to curtail the number and length of the visits as much as possible, and only to say what is absolutely necessary. The directions must be given in a short decisive manner, and no discussion about them allowed. In the same category must be included doctors who are seeking medical advice for themselves. Only a few of these maintain their usual soundness of judgment when they themselves are the subject of it ; the remainder must be treated in the same

way as the above-mentioned patients, but with still greater caution and with seeming frankness, making a show of deference and giving due respect to their opinions.

The doctor has an especially difficult position also in those cases of a long and lingering nature in which everything rational has been tried, but unsuccessfully, so that the patient has at last given up all hope, and has only called in a doctor from a sense of duty, without any hope or wish beyond that of being left in peace. Such patients will often decline to submit to an inconvenient or disagreeable remedy. If the doctor goes clearly into the details of the disease, and if he can find out a new aspect of it, he may still succeed in kindling the energy of his patient anew and in gaining his support in the treatment.

Conversely, it often happens that the doctor, in cases where he inwardly gives up hope, is spurred on to renewed trials by the tenacious energy of his patient, which strengthens his patience and perseverance till, at length, his efforts are crowned by success—a success quite unexpected, but all the more welcome on that account.

At the first visit the examination of the patient must be undertaken carefully. If one proceeds

deliberately and systematically, but little time is needed and the patient is not worried too much. This thoroughness is not necessary at later visits ; it is then only a question of the symptoms of an illness already diagnosed. In uncertain cases, where progress is tedious, a thorough examination is desirable from time to time. Such examinations as may wound the patient's modesty should be made after he has been given to understand that they are indispensable, and should then be proceeded with without further excuse, or remark, as a matter of course. By following some such method the doctor will usually overcome all opposition. One meets with false shame most frequently in half-educated persons, and in those who are not truly modest. As a rule, the incipient opposition to an examination ceases if the doctor defers it for the time and relegates it to a future day. Time brings wisdom.

Women more readily consent to allow such examination to be made by a specialist, or by a strange doctor, than by one with whom they are on terms of friendly intercourse.

CHAPTER III.

COMMON SENSE—CHEERFULNESS.

COMMON sense is a gift of nature which may very easily be destroyed by too rigid an education, by excessive study, and by cultivation of certain traits of character. The judgment becomes clouded if we fill our minds with selfish desires. As opposed to ourselves how delighted we are with the ingenuousness of children, who have been taught so little and yet have so much common sense. One could almost fancy that mankind, through education and study, becomes from childhood upwards progressively more experienced, more learned and—more stupid!

How often do students forget to preserve the proper relation between practice and theory. Though science in general touches on everything, yet he who has devoted himself to a special branch embracing a knowledge of only a small section of humanity, may be a stranger to practical life. A young doctor approaches the sick-bed crammed full of learning gathered in the lecture theatres,

in "walking the hospitals," and in books. He searches for the case before him in his well-ordered mind, as one would look up a word in a dictionary. It is true that he can find there everything that he requires respecting the cause and probable course of the illness, its nature and the different methods of treating it. All this is very necessary, but it is not enough. Common sense must also be brought to bear upon the case, that is, unbiassed common sense (if one has preserved any from childhood). Many circumstances arise which can only be dealt with by the application of this faculty. It is very seldom to be found in the patient or even in those about him; from them the doctor encounters only anxiety, questioning and complaining.

Common sense does not concern itself merely with the symptoms of disease, but keeps its eyes open. It is common sense that sees a patient cannot sleep because he cannot bear the light from the lamp; that a convalescent does not eat because elaborate dishes are brought to him, instead of simple food that he fancies. Plain common sense finds out such things for itself. Everybody sees them — after they have been pointed out. Hence we must keep our eyes open

and never forget that a doctor, in addition to his scientific knowledge, requires training in the doctor's art, and an intimate knowledge of mankind.

A good-humoured doctor is, of course, doubly welcome to a patient. A cheery word brightens his low spirits for hours, and re-acts upon those attending him. But it must be uttered with tact, that the cheerfulness may not appear due to any want of interest, or to a wish to chaff the invalid. Raillery should only be resorted to when some definite object is to be gained ; as when it is desirable to deceive a dying person as to his critical condition, or to ease the mind of an anxious patient. Moreover, a proper gravity must be preserved, though this is not always an easy task while listening to a patient who expresses his extravagant opinions confidently, or who delights in long words, and insists upon using them without regard to their true meaning. One must be especially careful not even to *seem* to smile when obliged to hear the most grotesque comparisons made by the patient between his own sensations or pains and those which never have been, nor ever could be, experienced by any human being.

CHAPTER IV.

*DIAGNOSIS AND PROGNOSIS FOR THE
PATIENT AND HIS FRIENDS—
DESPERATE CASES.*

AT the first visit the patient naturally asks the doctor, "What is the matter with me?" "Is it dangerous?" "Shall I get over it?" "How long will it last?"

Very often the doctor is obliged to defer answering the questions of the patient and of his anxious friends. It is not always possible to make a diagnosis and prognosis at the first examination. People do not, as a rule, recognise this fact, and hence may say to themselves, "The doctor knows, but will not tell us," or "He must be dangerously ill, for the doctor will not tell us what is the matter." It is difficult to convince such persons of their mistake, because the opinion held by the generality of people as to the power of medical skill is much too high, and this places the doctor in a dilemma and sometimes leads him to take a false step.

If the doctor allows himself to be hurried by the patient or his friends into making a diagnosis at random, he may lose their respect, because he may have to correct it more than once later on. In that case they will say, "He does not understand what he is about; every day he says something different."

Even when a diagnosis and prognosis have been made and given after due consideration, they may be received with doubt, and not always without cause, since in many cases the doctor must not tell the whole truth ; or, again, his judgment may be at fault ; or he may be one of those pessimists who always look at the dark side of things and anticipate the worst, and hence are unable to control their anxiety, though it may be based on nothing but theory.

Sometimes the practitioner is obliged to tell the patient that the disease may take a fatal course, especially when he considers that the sufferer is inclined to take the matter too lightly, and neglects the measures necessary to secure satisfactory progress. Unfortunately, there are men who knowingly exaggerate the gravity of an illness, in order to gain a cheap reputation for effecting wonderful cures. Patient and friends are fully aware of such

possibilities, and by their mistrust put the doctor and themselves in an awkward and embarrassing position.

Very few people are strong nerved enough to bear being told, there is no hope of the patient's recovery. Even in critical cases it is not right to take away every ray of hope. It is better that the doctor should doubt his own knowledge and judgment, and think of his own possible fallibility. He must not forget that there are symptoms of disease which deceive even the most experienced. How would a man reproach himself if he were unnecessarily to inflict the fear of death upon another. Many astonishing cures are due to the fact that doctors have given up cases as being incurable because they had come to the end of their knowledge and tenacity of purpose; or because they were pessimists. When the illness has been one which would have cured itself in due course, the happy result is attributed to the employment of such home remedies as happened to be at hand, or of some patent medicine, or wonder-working nostrum.

A doctor taking over cases that have already been given up as hopeless, is placed in a similar position to the one who professes "Nature's own

cure." If the patient dies it will not be the doctor's fault; but if he recover, he and his friends cannot praise him enough; and when a conscientious man will not accept such an unearned honour, it will, as a rule, be put down to false modesty.

One continually hears that such-and-such a person has been told by the doctors that amputation or some other great operation was imperative, and that, in spite of his having declined to submit to the operation, he has recovered. What a triumph for the laity over the profession!

A doctor's mistake is sometimes corrected by the strenuous refusal of the patient to submit to what he advises. But in many cases it is a game of chance in which the doctor advises a patient to sacrifice a limb in order to save his life, while the sick man risks his life in order to save a limb. Few win at this game; those who do, loudly sound the praises of their own successful treatment—the losers are silent.

Excessive candour on the part of a doctor towards a patient who is suffering from an incurable or a fatal disease is a cruelty, but no evil result will necessarily follow if the patient simply refuses to believe the unfavourable report. In cases where

the doctor has to propose a drastic remedy, such as a dangerous operation, this want of faith sometimes causes the patient to consult another medical man. He will believe in him should he confirm the opinion of the previous adviser, because in the meantime his mind has become familiar with the sad necessity. The patient, however, does not return to his former doctor, but makes him the scapegoat, for he was the messenger of evil.

The patient may even search about till he finds a doctor who represents his illness as trifling, and promises him a speedy cure.

Some years ago a man came to me whose life was in danger owing to a neglected fracture of the leg. He had been lying for some weeks without any bandage or splint, and the fracture had suppurated. He said to me, "When I fell I was carried home, and several doctors were at once called in. The first who came told me my leg was fractured; the second contradicted this and said it was not a fracture. Naturally, I selected the second one to attend me."

When an illness is apparently due to a fault on the part of the patient himself, or any of his friends, or is such as would cause disgust and make him

contemptible in their eyes, the doctor's task is especially delicate and requires the greatest caution. Some sick people are deeply offended when questions are asked which are directed to the discovery of the cause of their illness. From these patients the truth cannot easily be obtained. It may be that the unfortunate invalid is not himself to blame for the affliction which has befallen him. Who would take it upon himself to destroy for ever the peace of mind of one so unfortunate, or disturb what has hitherto been a happy family life by arousing what may perhaps be an unjust suspicion?

It is also better to be on one's guard when enquiring into the causes of illnesses which, although infectious, are neither degrading nor disgusting, but which may have been caused by the carelessness of one who loves the patient. There the doctor ought to keep absolute silence, for to be even the innocent means of causing misfortune to another is a heavy weight on the conscience. Think what a mother would suffer were she to learn that she had unwittingly caused the death of her beloved child.

The names of certain diseases are so feared that the doctor dare not even mention them, lest the

patient should conceive a false or exaggerated opinion of his condition. As examples I will only mention cancer and consumption.

In some cases, but in mental diseases chiefly, if the patient knows the nature of the malady, this may have an unfavourable influence on the course of the disease. Many people on learning the name of their complaint, have the unfortunate idea of seeking advice on their own account, in a medical book, or an encyclopædia, and only reap dissatisfaction and worry for their pains. Here also the doctor should keep his own counsel.

In serious cases it is most desirable for the doctor that some one of the family should be informed of the exact condition of the patient. The greatest precaution is necessary in the choice of the person to be so trusted, lest the patient should suffer by having everything repeated to him in detail during the next ten minutes: it may be, too, that hope alone sustains the person who is nursing him, in the performance of duty, and the result of such a shock would be to cause that person to break down and be no longer in a condition to help the patient. Under such circumstances, the doctor may be forced to keep

the knowledge of the precarious condition of his patient secret, without hinting at the danger till it is over.

The practitioner who tells his patient that some error or neglect on his own part, or on that of his friends, has caused an unexpected relapse, is cruel and brutal, even if the statement be true.

CHAPTER V.

*ON THE FREQUENCY AND LENGTH OF
THE DOCTOR'S VISITS.*

AS a rule, the doctor visits his patient as often as the progress of the illness requires, though there are numerous exceptions. Many people are so anxious in cases of illness that the doctor cannot visit them too often. On the other hand, some regard as superfluous many of the visits which are really necessary, and take an early opportunity of letting the doctor understand this. This occurs especially when the fees are high. Otherwise people are not so particular.

Such an intimation as the above, once given to a sensitive doctor, may cause him to be henceforth chary of his visits, to the great dissatisfaction of the anxious family. Experience alone will furnish the tact necessary to enable him to so adjust his visits as to satisfy the majority of his patients. When the doctor makes no charge he must pay neither more nor less visits than are necessary. On the other hand, when a yearly contract exists for

attending a whole family, he will pay visits, though they may not be strictly necessary, with the intention of avoiding the appearance of being too sparing of the time for which he is paid a stated sum.

A doctor should always stay long enough to examine the patient and give his instructions. Beginners in medical practice think they best show their assiduity by paying particularly long visits, but they should be on their guard about being too lavish with their time, lest they discover too late that what they themselves throw away will not be highly prized by others. But if, now and then, a visit is prolonged in order to say a few words not bearing upon the illness, it will be taken as a special sign of friendliness.

There are some sick people with whom it is impossible to stay long, as they are inclined to talk incessantly about their ailments. It is well to remain sometimes and give them the opportunity of "having their say out," or they may think themselves neglected; but having once given such a proof of patience, the usual normal visits should be made.

In special cases visits may be paid merely for the sake of the moral influence that the doctor

exerts upon the patient and his friends. The mere sight of the doctor is to the patient an agreeable break in the everlasting monotony of the sick room ; it is a greeting from the outer world from which he is cut off for the time being. He can then bear with more fortitude the petty worries which the day brings. How often is the doctor told, after the patient has been talking cheerfully to him, "Yes, while you are with him everything goes well, and for a few hours after you are gone ; but then he gets querulous again, and his peevishness and complaining last till your next visit." A medical man who undervalues the worth of such visits forgets that his moral influence over such a patient may do him more good than the most carefully considered prescription.

It is precisely in those cases where the moral influence of the doctor is the only thing he can offer (as in incurable and chronic complaints) that he should not pay too frequent visits, lest that influence be lost.

Short visits should be paid especially, when it is expedient not to let the patient know the exact truth as to his condition, for he generally tries by a sort of cross-examination to get out of the doctor what he cannot learn directly, and

the best way to avoid such cunningly-put questions is to shorten the visit. With this class of patient a doctor must carefully consider his reply to even the most, apparently, harmless questions, as every word said is treasured up and repeated by the patient each time he thinks that the doctor has contradicted himself. Sometimes this is amusing, as even if the doctor honestly says he does not know, the patient refuses to believe him and persists in trying to get at the supposed secret.

Often the practitioner is sinned against by thoughtless people who call him up suddenly when there is not very much the matter, and make him lose the night's rest he may so sorely need. In such cases the doctor has no alternative but to make his visit, for until he has seen the patient he cannot know whether danger exists or not.

Night visits could be very frequently avoided if people would consider the doctor as well as themselves. They try to excuse their want of consideration by saying, "All day long we hoped that his condition would improve, but now (in the night) we have grown anxious."

If a medical man tries to protect himself against such abuses by only paying night visits when he,

at least, knows the name of the patient to whom he is called, he is doing no wrong, particularly in a large town ; yet what an outcry there would be should he happen to refuse the call to a really serious case !

Those people are wise who, while they are well choose a doctor whom they intend to call in in case of illness, and also become acquainted with him. They are then not likely to be left without his assistance when it is required.

CHAPTER VI.

*MISCONSTRUCTION AND ABUSE OF THE
DOCTOR'S STATEMENTS—GOSSIP.*

TO convey exactly the desired impression through the same words to people in different grades of society, or of different degrees of education, is a task of the greatest possible difficulty. An important feature of the art of communicating with others is the power of speaking in words familiar to them. What to one man means a possibility of danger, to another means a sentence of death. What to one may mean careful preparation for an imminent danger, may pacify the mind of another. The medical man must fully understand the value of these different shades of meaning, and he should be more than ordinarily circumspect in the expression of his opinion, because his words are of such great importance, will be further discussed, and will come back again to his own ears—but with little additions which put quite a different complexion upon them.

Invalids often ask a number of questions and listen to the answer with half an ear, partly because

they are not used to listening attentively or to duly following what is said, and partly because they have a preconceived opinion, and so only hear what agrees with it. When the doctor forbids what the patient likes, or orders anything which is disagreeable to him, his words will be only too willingly passed over, forgotten, or even resentfully denied later on.

The discussions which occasionally arise with regard to inconvenient or disagreeable instructions are sometimes amusing. I once ordered a sick man, not in a position to go to a watering place, to take a warm bath at home as an equivalent. He did not like the idea of this, and suggested a foot-bath instead, and while I was dissuading him from it he suddenly interrupted me by asking if it would not be sufficient to bathe the bad foot in an ordinary wash-hand basin. I laughed at this strange idea and explained to him that he was bargaining at the expense of his own body, not mine.

Conversely, it often occurs that patients who are willing to do a great deal to regain their health will themselves propose a difficult treatment and prefer to go through it conscientiously rather than follow a simpler course which might, perhaps, have the

same result. The doctor's authority is often abused by the attending persons, who compel a patient to do as they wish. They will, with the greatest effrontery, distort what has been said or ignore it entirely, and sometimes even have the audacity to take the doctor into their confidence in order to gain his approbation of the device, that is to say, when the patient "smells a rat." The doctor must act according to circumstances. My personal feeling generally draws me to the side of the patient to protect him from the over-assiduous care of his friends, but the opposite course may sometimes be right and necessary.

When a practitioner is accustomed to weigh his words, he neither says too much nor forgets what he has said, and then can easily correct misunderstandings or distortions of his directions. When giving important instructions it is advisable for him to repeat them or have them repeated by the patient or nurse, or, still better, to write them down, in order to protect himself as much as possible against misconceptions.

Communications and questions should never be made verbally to the medical man through a third person, but should be either direct or in writing. The doctor's answer should also be given in writing.

The patient's friends or acquaintances frequently try to pump the doctor as to the exact details of the origin and nature of the illness, and its probable course and duration; not always so much from sympathy as from a morbid curiosity, or the wish to have something to talk about. Should the doctor be led into giving the required information he will find that, after having gone the round under cover of his name, it will reach the persons most concerned in a distorted form, thus making them the victims of idle curiosity.

It is not always easy to escape from such "sympathizers" as these. They seem offended if their curiosity is not satisfied; but, in spite of this, a doctor will never regret having stood his ground, even at the risk of appearing disobliging or wanting in politeness. If he says, as I used to, "Would you like me to talk about *you* to others," the matter is ended at once, and those who were at first offended will eventually be pleased, while this discretion in refusing to satisfy idle curiosity will enhance their opinion of the doctor; but even should this not be the case, experience teaches that when a person maintains and shows his own peculiarities, they are respected and accepted as unalterable. Of such a doctor it will probably

be said, "There is nothing to be got out of him," and this is a great advantage, for even when silence is maintained statements are often circulated as having emanated from the doctor. People like nothing better than to gossip about illnesses and air their own knowledge, at the same time appearing more important by sheltering themselves under the wing of somebody whose authority cannot be contradicted. But what credence will be given to such stories when the doctor is known to be one of those out of whom "there is nothing to be got."

The more certain the patient is that his secret will be buried in the heart of his medical adviser, the more easily will he make up his mind to confide in him absolutely.

This reticence, or loquacity, on the doctor's part is not merely a question of his being worthy of confidence, nor of unpleasantness to those who are the subjects of his remarks, but, oftener than one could believe possible, the very happiness of a life, or the material existence of an individual or family may depend upon it.

CHAPTER VII.

*HARMFUL INFLUENCE OF THE PERSONS
ABOUT THE PATIENT.*

THOSE who are constantly with the patient can work unfavourably upon him in many ways, even with the best intentions.

Too great an assiduity will have the bad effect of making him fidgetty; too much talking will annoy him. How often is it forgotten that the cares of daily life, great or small, should have no place in a sick room.

Excessive carefulness denies the patient things which will do him no harm. Excessive sympathy and compliance with his desires may endanger his recovery.

When the patient's friends show too great solicitude, he is apt to gather from it that his condition is dangerous, and so becomes despondent. Expressions used by the doctor and not meant for the patient's ear are repeated to him, and the friends often work against the doctor, either by adverse criticism of his personality, or his instructions, or both.

Visitors who are admitted to the sick room in order to cheer the invalid are often sadly foolish. Sometimes they tell stories of all the illnesses which they think bear an analogy to that from which the invalid is suffering, and add every possible detail of horror. Such visitors seek to rivet the poor man's attention by telling him about some cases which have ended fatally, and others in which progress has been retarded in consequence of wrong treatment. They will also talk of occasional cures, being, however, careful to add that the treatment was quite different from that which the patient in question is undergoing, and advising that the doctor who attended those cases should be called in for consultation. At his next visit the doctor will find the patient depressed, less confident, and full of mistrust and anxiety.

Children, especially, suffer from the over-anxiety of those about them, and their wishes and whims are gratified to such a degree that they become tyrants—rule the house and obey nobody. Now and then, incredible as it seems, the doctor is held up as a bogey to the child. "If you are not good I will send for the doctor, and he will give you nasty medicine," or "If you put your finger in your

mouth the doctor will come and cut it off." The doctor does not easily get to know this, because the guilty parties do not betray themselves. Such injudicious persons themselves suffer through their own folly, because, naturally, a child so treated will not allow the doctor to do anything for it, and cries as long as he is in the room. I once paid a friendly visit to a lady, and her little one, who was present when I entered the room, fled directly on hearing her mother address me as "Doctor." These baneful influences often exist to such a degree that efficacious treatment is quite an impossibility unless the patient is removed from its surroundings.

I was called in to a girl of nine years old, who, in the course of an illness which had already lasted a year, had, through the indulgence of a weak mother and a too sympathetic grandmother, become such a tyrant that everybody trembled at her cries, and her condition was in every way deplorable. I did not wish to see my efforts frustrated like those of the colleagues who had preceded me; I therefore made it a condition that the child should be taken from her comfortable home to a hospital where I could have her fully under my control. After a hard inward struggle, the mother,

who had almost given up hope for her child, agreed to this on condition that the child also gave its consent.

When is a child willing to leave its mother? So I said to the precocious little one, before its mother had a chance of telling her, "I can make you well if you will come into my hospital. Your mother loves you so much that she will not let you go, if you yourself do not wish it. Will you help her?" The child, who had gained confidence in me, called out cheerfully to her mother, who just then came into the room, "Mamma, I am going to the doctor's."

In many nervous complaints a thorough change of the sufferer's general surroundings is the most important remedy, and often a treatment which has been inefficacious at home leads to a cure when repeated at a distant watering-place. Medical men who take the trouble to look closely into these things, and who act upon their convictions, will, in spite of all opposition, be ultimately successful, and earn the gratitude of their patients.

CHAPTER VIII.

*MEDICINE—HOUSEHOLD REMEDIES—
PATENT MEDICINES—QUACK DOCTORS.*

NOT long ago it was a generally accepted principle amongst doctors, that medicine was an indispensable adjunct in every treatment.

In many districts, and among people of a certain class, this principle still holds good. Those who are not highly educated are apt to believe that unless the doctor prescribes a medicine, they are not being properly treated. He may draw up the most stringent dietetic rules, change the patient's whole manner of living, and after all the question is still put, "Do you not prescribe anything?" To such people one must give some kind of medicine—though it have no particular value—as an "outward sign of an inward grace," as a good old clinical professor used to say in my student days.

Now-a-days many sick people are only too glad to hear that they do not require drugs. Should they be necessary it is well for the practitioner to remember that many patients have their own opin-

ions regarding the manner of taking them. One thinks the medicine too weak, and swallows at one dose what ought to last two days ; another thinks, "I have a strong constitution," and does the same; so does a third who wants to get well more quickly than he thinks the doctor intended him to do. Therefore, unless the patient is known to be trustworthy, the exact dose should be given him each time, in order to avoid all danger from overdosing. A conscientious doctor will not suffer the control of certain drugs, such as morphia, etc., out of his own hand, and thus be free from the reproach of having furthered their abuse to anyone's injury.

It should be borne in mind that people often like to lend prescriptions; thinking they understand diseases pretty well, and that only the knowledge of *materia medica* is the special province of the doctor, they try to cure illnesses on their own account by means of prescriptions from which they themselves have benefited. This is, of course, great folly and liable to do much harm.

Doctors are often asked if they approve of the application of certain old "domestic remedies" or of patent medicines.

These "simples" and household remedies have often acquired a reputation by virtue of their age

only. To be sure, inefficacious remedies could not have preserved their reputation for so long a time, and it is believed that doctors, with the arrogance of learning, set too low a value on them. The fact is lost sight of that these "simples" are usually nothing but relics from olden times, that is to say, remedies originally used by doctors, which gained a popularity still retained amongst a certain class, although they have long been abandoned or replaced by better ones.

Patent medicines have a special charm of their own. They are preparations made by unqualified men or by doctors who are in opposition to most of their profession; in any case their discoverers are supposed to have a deeper insight into the secrets of nature than that possessed by the medical faculty, who, from much learning, are blind to their virtues. To this is added the charm of mystery and the circumstance that with such remedies at hand one can prescribe for oneself, as in their puffing advertisements one never fails to find a list of all the diseases they profess to cure.

If the discoverer can be adorned by the glamour of witchcraft, or by a martyr's crown on account of the opposition of the incorporated medical faculty, his fortune is made.

When asked if such "simples" or patent medicines can be used without harm, a plain, unbiassed answer must be given.

A conscientious doctor will naturally refrain from prescribing a patent medicine of which he does not know the formula. He cannot make himself responsible for the effects of an unknown remedy. But he may allow the use of "simples" when their application can do no harm. It may, however, be taken for granted, that in the majority of cases the remedy in question has already been used for some time before the doctor's advice is asked.

To the list of "simples" may also be added the faddists themselves, who have only one method of treatment for all complaints. It is the same thing as if people were to go to some "spa" and take the mineral waters thereat haphazard. Some would be the better for them, the majority would not. The struggle of doctors against quacks will always be fruitless.

CHAPTER IX.

*CORRUPTION OF DOCTORS BY THE
PUBLIC.*

EVERY medical man in the course of his professional career has demands made upon him which endanger his integrity. As a rule he is required to give a decisive opinion in reference to illnesses and their cures. People trust those the most who evince the greatest self-assurance. The doctor who has an inclination in this direction, easily becomes an oracle, and little by little forgets where the boundary of medical skill lies—at least, so far as concerns himself. So many flattering things are said to doctors whose manners are agreeable and who have had some fortunate success, that they will do well to turn a very cautious ear to them. Should they not, flattery will be lavished on them in such profusion that at last they will come to believe what they have listened to so complacently.

Where a practitioner is liked, every favourable turn in an illness will be attributed to his skill,

until, if he does not take care, he will begin to imagine himself a sort of magician. Should the malady take a bad turn, admiring flatterers will always find a cause why the measures taken have failed. In many circles, however, it is not so. If all goes well it is God who has helped, and if things go badly it is the doctor's fault. In self-defence the doctor turns the tables by saying—"If things go well, I am the cause; if they go badly, there was nothing to be done."

So far we have only concerned ourselves with the *small* weaknesses of humanity, now let us speak of those which are more serious.

People frequently request small favours which give little trouble, which doctors can hardly refuse and for which they are willing to pay well; for instance, when a medical certificate of health or sickness is required to accompany some petition. "The certificate is a mere formality which cannot be dispensed with. Everybody knows how such a certificate is estimated." Can the doctor refuse it? The conscientious man who refuses to give a false certificate will be disliked in inverse proportion to the benefit hoped for from it. The smaller the prospective benefit the greater will be the dislike incurred.

A half-grown girl wished to avoid attending a gymnasium. I, as family doctor, was required to give a certificate which would free her from attendance there. I was, however, taken aback by the proposition, and so far from acceding, expressed the opinion that gymnastics would be of great advantage to her ; the result was that I was relieved of my honourable office in an impolite way.

Why will people be so over-scrupulous as only to give certificates for the truth of which they can vouch? They will never be called upon to account for them, and it is so easy to obtain certificates that even those given in all good faith are rendered worthless. I confess that personally I admit such scruples.

Doctors are even offered bribes, now by a father who wishes his son to be absolved from military service, now by someone who wishes to be relieved from the consequences of a false step—in short, something is about to happen by which the doctor is made the silent accomplice of an immoral or unlawful act.

It is not my object to preach a homily on honesty and strict morality, but my *confrères* will do well to hold themselves religiously aloof from such transactions, and shun even the slightest appearance of

venality or of being "approachable" on such matters. It is indeed impossible always to avoid giving a false impression, for we sometimes feel conscientiously called upon to grant a request though it be accompanied by persuasion or bribery; and if the bribe is refused, the tempter too often thinks it is because he offered too little.

There is much properly belonging to our subject which would increase this chapter to an inordinate length, were I to attempt to deal with it. To those who require a moral guide, however, it would be useless: for others this sentence is sufficient:—There is nothing sufficiently valuable to outweigh the feeling of having fulfilled one's duty, and nothing that helps us to bear the burden of existence so well as the knowledge that we have acted according to our conscience.

CHAPTER X.

CONSULTATIONS.

VARIOUS reasons may induce patient or friends to wish for a consultation: (1) A general anxiety to leave nothing undone, (2) An impression that the doctor in attendance shows uncertainty, (3) The protracted length of the illness, (4) The fact that somebody has recommended a certain doctor and consequently his opinion is desired, (5) The belief that they owe it to their social position and wealth.

On the other hand, the attendant doctor demands it because: (1) He will not bear the sole responsibility of a certain case, and wishes to avoid subsequent reproaches, (2) He supposes that his colleague with whom he wishes to consult has a greater special experience than his own, (3) He feels uneasy, and therefore wishes for support from a brother practitioner, (4) He divines the wishes of the patient and his friends and is glad to meet them half-way. Many doctors, conscious of their own knowledge

and capability, and those who possess too great an amount of self-assurance, feel themselves hurt when a consultation is proposed, and may, perhaps, show it. This is wrong and unjust to themselves, and puts difficulties in the way of the patient, who in the interest of his own health deems it necessary to have a second opinion. It should be remembered that good health is the greatest of all blessings, and that nobody should be prevented from taking care of it in his own way. Finally, everyone is the best judge of his own affairs, and in truth, "four eyes see more than two," not because they are four but because they are placed in two heads. Should the desire for a consultation be only so much as hinted at, it is wiser to ask for one than to strive against it. The exhibition of too great a sensitiveness in such a matter on the part of the medical attendant often results in another doctor being called in behind his back. As soon as a practitioner who is covertly called in, learns that another is already in charge of the case, he must either refuse to attend, or act only in concert with his fellow practitioner, while, if he first learns it from the patient, he will at once blindly approve of all the instructions of his colleague. The patient who is cunning enough

to allow himself to be attended by two medical men simultaneously, each being in ignorance of the other's attendance, suffers most by the transaction, for he will really be doctoring himself, as he will choose from their prescriptions just the items he likes. In very rare cases only will the choice fall upon the right one. And when the doctors discover the deception practised upon them, they will quickly retire, and the patient will suddenly find himself left without any doctor, instead of having two. Such stratagems, and many others which might be mentioned, ought not to offend the medical practitioner. They are certainly not directed against him personally, but are the outward expression of the patient's inward character, and medical men have not only to deal with open characters.

When a consultation is held by a sick bed, those who take part in it should remember that it is a question only of co-operation for the benefit of the patient; they should have their whole interest centered in him, and act together for this end. The doctor who has the care of the case should avoid even the appearance of wishing to carry his point at any cost; the consultant, on the other hand, should think it beneath his dignity to show

his superiority in such a way as to alter the existing treatment unless it is absolutely necessary. Both these mistakes are often made, but the effect is quite opposite to that desired.

It is more in accordance with the dignity of the profession, if the doctors meet in consultation and talk over the case in another room; and then one of them should impart as much of the result to the patient and his friends as is meant for their ears.

In some districts there is a regular mania for consultations. A family doctor is employed by patients only when they are in health; in case of sickness a specialist is at once called in, and sometimes more than one, according to circumstances. The family doctor is reduced to the level of a sort of master of the ceremonies, and the patient has the disadvantage of being attended by doctors who see him for the first time. He suffers from the further disadvantage of relieving the family doctor from all feelings of responsibility, and takes away much of his interest in the case.

CHAPTER XI.

FEEES.

“Dat Galenus opes?”

IN former times it was not the custom to judge the value of a doctor's services by a material standard. The patient gave him as much as he could afford, and, beyond the money payment, felt that he owed a debt of gratitude. How very different things are now! But we need not regret the disappearance of the former conditions; on the contrary, it is only natural that with doctors as with others, the relative value of work and wages should be settled. But a few traditions from olden times still linger in some minds. The doctor is always expected to behave unselfishly. He of all men must “love his neighbour as himself;” he must be at the service of the sick at all times; must spare no pains; and, when his work is done, must submit to being discharged like a messenger who is paid a fixed sum for every errand. What he has achieved by striving with body and soul, by the devotion of his whole person, by the sacrifice of the comforts of

life, by the loss of the freshness of youth, he must regard as amply rewarded by a piece of money which is pressed into his hands, but which is sometimes withheld, so that he must either ask for or enforce payment. Must? No! The rich take it as an offence on the part of a doctor if he presses them for payment.

There are many medical men who for this reason, and because it seems to them a kind of degradation, would rather waive payment than ask for it. The motive is noble, but nevertheless the act is to be condemned, for it is an encouragement to unprincipled people, who prefer to use their money for other purposes instead of settling their obligations to the doctor, and thereby profit at his expense.

A highly sensitive doctor has much to overcome. He accepts the first payments for the performance of his medical duties almost with a feeling of shame which is only overcome after some consideration, and then not completely; because the pleasure derived from unpaid medical work, especially that done in institutions for the sick, where work is carried on with more freedom, realises more perfectly the aspirations of youth, and is quite ideal in comparison with that derived from private practice.

Work done from purely unselfish motives brings with it an added joy! which is indeed its truest reward.

Doctors are bound by no fixed scale of charges, and it is therefore wiser for the patient to ask the medical adviser when he first takes up the case, what his fees are. When the patient is well again it is unworthy of either party to bandy words with regard to payment. A doctor will not lightly refuse to attend a patient because he cannot afford to pay him for his services. But it happens frequently, that the doctor refuses to accept payment from people who seem to be badly off, out of pure kindness, or because he thinks it beneath his dignity to accept a fee which is under his standard scale. In any case he refuses the fee because this gives him more pleasure than its acceptance. It is not always right, however, to act upon first impulses. A poor woman whom I attended, came to thank me. I refused, in a friendly manner, the money which she offered me, but she said, "No, thank you ; to be sure I am poor, but I have never accepted charity in all my life." I willingly took the pence she offered me, and to this day am pleased that I did so.

Many people make a pretence of delicacy by

giving the doctor his fee when shaking hands with him, thus covering it with a kind of secrecy, as though it were a tip or bribe. Others show their dissatisfaction when the illness has taken an unfavourable course, by disputing the amount charged for attendance. Are the anxiety and work any less in unfavourable cases ? Is the doctor to refuse his attendance when the case is likely to prove unfavourable ? or, Is he paid according to results, and not for his labour ?

Medical men must sometimes attend people professionally, with whom they are upon very intimate terms, and whom they would rather attend out of friendship than for money. When such friends offer a fee, it should be accepted, because the offer shows that they do not wish to be attended gratuitously. If their motive in doing this is not understood, the lesson will be enforced more plainly by means of a present from which no escape is possible.

When a doctor is called in to attend a colleague or his family, he places his services freely at their disposal without thought of payment, and refuses to take a fee when offered. For this reason it often happens that a doctor who objects to this system of gratuitous service refrains from sending

for a colleague except in very severe illnesses, and does without a family doctor to whom he might apply in slight cases.

An eminent doctor once expressed a wish that medical men should make it a general rule to accept the customary fee from a colleague if he expressly wishes it, just as they do from strangers.

The practitioner who is engaged for a certain yearly sum to attend a family, must at once make it clear that this does not cover all medical contingencies, and that proper consideration must be exercised on either side.

Enough of fees ! But one word with regard to gratitude.

It is very agreeable to feel that a person owes you gratitude, but when those who should be grateful forget to show it, the feeling begotten is a bitter one. Why should one expect lasting gratitude for a passing favour? The demand is out of proportion to the services rendered, although we learn in childhood the old saw, "Gratitude can tame wild beasts ; do not let them put you to shame." The fact of having done good should be sufficient reward for us. What more can be desired? Gratitude is often

met with, but is so capricious; it is often very effusive when a small service has been rendered, but it is altogether wanting when, apparently, its full share has been earned.

Those who never expect gratitude will be all the more pleasantly surprised when it is offered to them. It is not a recompense that we can claim, but is a free gift, given, and by which we are rewarded beyond our merits.

CHAPTER XII.

*CONCLUSION.**TO COLLEAGUES—A QUESTION.*

THE practice of the art and science of medicine is a chain, each link of which is made up of goodwill towards one's neighbour. Nevertheless, medical men have the reputation of excluding their professional brethren from all participation in this chain of goodwill. I do not wish to examine how far this reproach is true; but any degree of truth is probably due to that feeling of professional jealousy which exists between many followers of the same profession, or to the over-estimation of one's own value, which is wounded by the success of a colleague working in the same circle. Such excessive self esteem has its root in the admiration shown by others, and causes a fear lest this admiration should be diverted to a competitor. To be sure it is not easy to gauge one's own worth correctly; even when blinded by egoism, one feeling should deter us from letting it be felt by colleagues: the consciousness that we are all sons of one

mother, to whom we owe our science and learning, and by the knowledge that we are wanting in respect to our *alma mater*, the University, when we do not respect her sons.

Every doctor ought to recognise the fact that by lowering a colleague in the eyes of men, he lowers himself also, at least in the eyes of the noble minded.

A QUESTION.

A discussion is at present going on, especially in medical circles, regarding the deterioration of the medical profession, that is to say, the fact that the material position of the doctor is at present lower than formerly.

It is not quite correct to speak of deterioration, for the intrinsic worth of a person does not depend upon his material possessions. But another cause is closely connected with the decrease of the doctor's earnings, a cause which threatens the future of the medical profession by making it one of the first to be sacrificed to the socialistic movement, *i.e.*, the overburdening of those medical men who are employed by the various associations and benefit and friendly societies, whose aim it is to ensure medical treatment and care to their members at the smallest possible cost.

These associations attract to themselves a continually increasing number of the comparatively well-to-do class, to whom it is not a matter of necessity to have the cheapest medical treatment. The direct effect is to impair the material position of practitioners. The members of these associations are thrust upon the doctor, who not only looks after the treatment of his patients, but has also to regulate the length of time for which they are to receive sick pay, often the most important point to the patient. The climax of cheap medical treatment is achieved by (1) paying the doctor a very modest sum, (2) assigning a very large number of patients to him, so large, indeed, that it is not possible for him to devote the really necessary amount of attention to each, if he is to finish his task at all. In this way the practitioner devotes all his strength and power to a work which he cannot possibly do well enough to satisfy himself; which leaves him no spare time for wider scientific study, and which does him harm physically and morally.

The number of such doctors, or rather, *medical clerks*, will gradually increase as the number of these societies becomes greater. The number of candidates for the profession will, on the other hand,

quickly decrease in consequence of the deterioration of the conditions of existence, and recruits will in time be altogether wanting.

In the end, the medical student will see before him only one goal which he can hope to reach—the position of an over-worked clerk with a modest salary, for, naturally, the higher scientific careers are only open to a few.

What attractions has a profession which offers no favourable prospects in life, which cannot be properly exercised, because time and strength do not admit of it ; which prevents the wider development of the individuality since it takes up his whole time ; which calls for no special personal talent, and whose sole reason for entering the profession is to obtain a mere livelihood ? There is the same difference between medical work done under these conditions and true medical activity, as there is between the machine-made work produced in a factory, and the handiwork of a true artist. What quality of young men will be attracted to the study of medicine under such conditions ?

And even if members of the medical profession should finally adapt themselves to work under such degrading and inefficient circumstances, a reaction may set in, and it may be recog-

nised that a good thing has been thrown away and something bad substituted for it. The desire may again arise for doctors who preserve their ideals and who strive to reach a higher goal ; and perhaps people in their desire to have such doctors may improve their position by inducing the public to offer higher payment and to burden them with less work. But this result will not come about before a new generation has arisen. Is it indeed necessary that people should only learn at their own cost what they might have foreseen without very great perspicacity?



MEDICAL WORKS

PUBLISHED BY JOHN WRIGHT & CO., BRISTOL.

Just Published. Crown 8vo. 2/6 net, post free.

SURGICAL TECHNICS: A Handbook for House Surgeons, Students, Dressers and others engaged in Hospital work. By K. W. MONSARRAT, M.B., F.R.C.S.E., Assistant Surgeon Liverpool Cancer Hospital. *Synopsis:* Personal Asepsis—The Charge of the Patient—The Operation Theatre and the Operation—The Treatment after Operation (*General*)—The Treatment after Operation (*Special*)—The Wards—Dressings—Drainage—Instruments.

7th Ed. Thoroughly Revised and in part Re-written. Pocket size. Cloth. 80 Illustrations. 2/-, post free.

ELEMENTARY BANDAGING AND SURGICAL DRESSING: With Directions concerning the Immediate Treatment of Cases of Emergency. Mostly condensed from *Pye's Surgical Handicraft*. By WALTER PYE, F.R.C.S., Seventh Edition, Revised and in part Re-written by G. BELLINGHAM SMITH, F.R.C.S., Surgical Registrar, Guy's Hospital.

Cloth, Rough Edges, Bevelled Boards. 27 Illustrations. 3/6 net, post free.

THE SWEDISH SYSTEM OF PHYSICAL EDUCATION: Its Medical and General Aspects. Expanded from a Paper read before Members of the British Medical Association, and with the addition of Illustrations from Sketches by THEODORE FISHER, M.D. By THEODORA JOHNSON, Principal of the Swedish Institute, Clifton, Bristol.

Demy 8vo. Bevelled Boards, Illustrated. 2/6, post free.

EYE-SIGHT AND SCHOOL LIFE: BY SIMEON SNELL, F.R.C.S. ED., &c. Ophthalmic Surgeon General Infirmary, Lecturer on Eye Diseases, School of Medicine, Sheffield.

Thin, pocket size, flexible leather, gilt edges, round corners. Price 5/- net, or interleaved for notes, 6/6.

The smallest and handiest Dictionary of Treatment issued from the Press.

THE POCKET THERAPIST: AN AID TO MEMORY. Being a Concise Manual of Modern Treatment. For Students and Junior Practitioners: arranged Alphabetically for Ready Reference. By THOS. STRETCH DOWSE, M.D., F.R.C.P. Edin.

Fifth Edition. Revised. 8vo, paper covers, 1/6; or Cloth, 2/6, post free.

MAY BE SAFELY RECOMMENDED.

OUR BABY: A Book for Mothers and Nurses. By MRS. LANGTON HEWER, Diplomée Obstetrical Society, London; late Hospital Sister. Author of "Antiseptic Nursing."

MANCHESTER
LUPULIGATE 3012

